

REMARKS

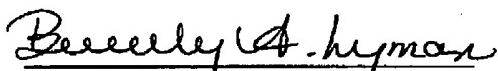
Applicant has added new claims 49-64 directed to additional embodiments. Applicant asserts that the new claims are fully supported in the application as originally filed and that no new matter is added. Support may be found at least at page 9, lines 1-14; page 9, line 15 to page 10, line 10, and originally filed claims 3, 11-14, and 18. Applicant has amended the specification to correct two typographical errors, and claims 47 and 48 to correct one typographical error in each.

CONCLUSION

Applicant authorizes the Examiner to charge \$316 to Deposit Account 23-3000 for payment of the additional claims. Applicant does not believe that any other fees are due in connection with this Preliminary Amendment. However, should any additional fees or surcharges be deemed necessary, the Examiner has authorization to charge fees or credit any overpayment to Deposit Account No. 23-3000.

The Examiner is invited to contact the undersigned attorney with any questions.

Respectfully submitted,
WOOD, HERRON & EVANS, L.L.P.



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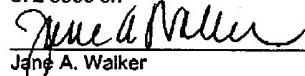
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OFFICIAL

PATENT

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I hereby certify that this correspondence is being deposited via facsimile to Mail Stop Amendment, Commissioner for Patents, Alexandria, VA 22313-1450, Technology Center 1700, at fax number 703 872 9306 on


Jane A. Walker July 7, 2004
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No: 10/666,629
Filed: September 18, 2003
Applicant: Gholam A. Peyman
Title: STABILIZED OCULAR SOLUTIONS
Art Unit: 1775
Examiner: Unknown
Conf. No.: 9232
Atty Dock: PMAN-24

Cincinnati, Ohio 45202

July 7, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Small Entity status is claimed.
 Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	64	MINUS	48	= 16	x \$9	\$144	x \$18	\$0
INDEP.	9	MINUS	5	= 4	x \$43	\$172	x \$86	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145	\$0	+ \$290	\$0	
TOTALS				TOTAL FEE	\$316	TOTAL FEE	\$0	

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

— No additional fee for claims is required.

4. Attached is a check in the sum of \$ _____.

Please charge my Deposit Account No. 23-3000 in the amount of \$ 316.00.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) — Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
one month	\$ 110.00	\$ 55.00
two months	\$ 390.00	\$195.00
three months	\$ 890.00	\$445.00
four months	\$1,390.00	\$695.00

Attached is a check in the amount of \$ _____ for the three month extension fee as required by 37 C.F.R. § 1.17(c).

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension for _____ months has already been secured and the fee paid thereof of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

(b)

Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,
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